

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045929

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11873

STATE FILE NUMBER

FILED DEC 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION E/R To City Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

2234a South Jefferson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First
Herman

Middle
W.

Last
Ransom

4. DATE
OF
DEATH

Month
Nov

Day
30,

Year
1963

5. SEX

Male

6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/10/84

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Meat Packing Co

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Ransom

13b. MOTHER'S MAIDEN NAME

Elizabeth Roann

14. NAME OF HUSBAND OR WIFE

Cora (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Bloomsdale,

Stella Coleman Star Rt.

Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Interval between onset and death
Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Heart Disease

5 yrs

DUE TO (c)

Generalized Atherosclerosis

1 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.1

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-Feb-1955 to 30-Nov-63 and last saw him alive on 4-Nov-1963
Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4501a Manchester

22c. DATE SIGNED

2-Dec-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

McLaughlin

ADDRESS

2301 Lafayette Ave.

25. DATE RECD. BY LOCAL REG.

DEC 2 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James R. Chapman*
Licensed Embalmer No. 4550
P.O. Address *J. Lewis, MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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